

## Midwest Public Risk: City of Spring Hill Comparison July 2016 - June 2017

Medical Benefits In Network* What you pay	HMO Option 1	HMO Option 2	Open Access - \$750
<b>Network</b>	Humana Premier	Humana Premier	Cigna Open Access Plus
<b>Deductible (Single/Family)</b>	N/A	N/A	\$750/\$2,250
<b>Out of Pocket Maximum (not including deductible):</b>	\$6,350/\$12,700 <i>Medical &amp; RX copays apply to Out of Pocket Maximum</i>	\$6,350/\$12,700 <i>Medical &amp; RX copays apply to Out of Pocket Maximum</i>	\$2,500/\$5,000 <i>Medical Copays apply to Out of Pocket Maximum</i>
<b>Physician Care</b>			
Primary Care Physician	\$25 office visit copay	\$30 office visit copay	\$25 office visit copay
Specialist	\$50 office visit copay	\$60 office visit copay	\$50 office visit copay
<b>Hospital/Facility</b>			
Inpatient	\$200 copay per day (up to \$1000)	\$500 copay per day (up to \$2500)	\$300 copay + 20% after ded
Outpatient	\$100 copay	\$250 copay	20% after deductible
Emergency Room	\$100 copay	\$250 copay	\$150 copay + 20% after ded
Urgent Care	\$50 copay	\$60 copay	\$50 copay
<b>Diagnostic Lab &amp; X-ray</b>			
Dr. Office/Indep Lab	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)
Outpatient Hospital	\$0 (plan pays 100%)	\$0 (plan pays 100%)	20% after deductible
Advanced Imaging	\$100 copay	\$250 copay	20% after deductible
<b>Maternity</b>			
Physician Care-global bill	\$50 copay initial visit	\$60 copay initial visit	\$50 copay initial visit
Hospital Care	\$200 copay per day	\$500 copay per day	\$300 copay + 20% after ded
<b>Chiropractic Care (visit limits apply)</b>	\$50 copay	\$60 copay	Copay based on provider status
Prescription Benefits In Network*	HMO Option 1	HMO Option 2	Open Access - \$750
<b>Retail Pharmacy - 30 Day Supply</b>	<i>Cigna Pharmacy</i>	<i>Cigna Pharmacy</i>	<i>Cigna Pharmacy</i>
Level 1	\$7 (or actual cost if less)	\$7 (or actual cost if less)	20% up to \$40 cap
Level 2	\$40	\$45	45% up to \$100 cap
Level 3	\$70	\$75	50% up to \$150 cap
<b>Retail Pharmacy - 90 Day Supply**</b>	<i>Cigna Pharmacy</i>	<i>Cigna Pharmacy</i>	<i>Cigna Pharmacy</i>
Level 1	\$21 (or actual cost if less)	\$21 (or actual cost if less)	35% up to \$100 cap
Level 2	\$120	\$135	45% up to \$200 cap
Level 3	\$210	\$225	50% up to \$300 cap
<b>Mail Order - 90 Day Supply</b>	<i>Cigna Home Delivery</i>	<i>Cigna Pharmacy</i>	<i>Cigna Home Delivery</i>
Level 1	\$21 (or actual cost if less)	\$21 (or actual cost if less)	35% up to \$100 cap
Level 2	\$120	\$135	45% up to \$200 cap
Level 3	\$210	\$225	50% up to \$300 cap
<b>30 Day Mail Order Specialty Level 4</b>	25%	25%	25%
<b>Rx Max Out of Pocket</b>	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family

\*\*90 Day at Retail is a limited network

This is only a summary and not a guarantee of payment.

If a discrepancy exists, the plan booklet governs.

**\*For out of network benefits, consult the SBC, located at [mprisk.org](http://mprisk.org).**